

LAWRENCE UNIVERSITY



GIRLS VOLLEYBALL CAMP 2015



**AUGUST 10th - 13th
GRADES 9 - 12**

CAMP DIRECTOR

Matt Schoultz is starting his 10th year as Head Women's Volleyball Coach at Lawrence University.

Coach Schoultz was Xavier High School's head varsity coach for 11 years. He led the program to 4 conference championships, 4 regional championships, 2 sectional championships and 2 WIAA state appearances.

Coach Schoultz has extensive experience coaching female athletes ranging from the age of 12-18. He coached for the Fox River Foxes Volleyball Club for 6 years. The last 12 years he has been director and coach for the FC Elite Volleyball Club.

Coach Schoultz has completed Level Three coaching certification through USA Volleyball. He has also attended and directed coaching clinics and has been a camp coach at many summer volleyball camps.

CAMP STAFF

Darrin Matthies will be entering his 10th year as the Assistant Women's Volleyball Coach at Lawrence University. Darrin was the Junior Varsity Head Coach at Xavier High School for 4 years. He has also coached club volleyball for 11 years with FC Elite.

Heather Bolwerk will be entering her 2nd year as the Assistant Women's Volleyball Coach at Lawrence University. Heather played collegiate volleyball at UNC-Pembroke. She has also coached club volleyball for 2 years with FC Elite.

Additional staff will be made of current college players/students and members of the Lawrence University Volleyball team.



CAMP GOALS AND INFORMATION

The Lawrence University Viking Volleyball Camp provides an excellent opportunity for girls entering grades 9 - 12 to increase their knowledge of volleyball, to further develop the skills necessary to become a successful player, and to have fun. It is our goal that after you attend volleyball camp you will have a better understanding of this fun life long sport.

WHO: Open to girls entering 9th, 10th, 11th and 12th grade in fall of 2015.

DATES: August 10th - 13th

TIMES: Time
10:00am - 12:00pm

PLACE: Alexander Gymnasium

FEE: \$60.00 - Includes Camp T-Shirt and Volleyball

EQUIPMENT NEEDED

- ✓ T-Shirt
- ✓ Gym Shorts
- ✓ Volleyball Shoes
- ✓ Knee Pads

TYPICAL DAY

- Warm-up
- Instruction & Demo's
- Station Work
- Games
- Rewards & Awards

ANY QUESTIONS

Please contact Matt Schoultz at 920-993-6280 or e-mail to matthew.schoultz@lawrence.edu

Register/Pay Online At:

www.lawrence.edu/athletics/summer_camps

Lawrence Volleyball
711 E Boldt Way SPC 16
Appleton WI 54911

REGISTRATION DEADLINE
August 1, 2015

**ENROLL EARLY!!!!
CAMPS ARE LIMITED!!**

Lawrence University Volleyball Camp Registration Form

Name _____
Address _____
Home Phone _____
Daytime Phone _____

Date of Birth ____/____/____
School In Sept 15 _____
Grade in Sept 15 _____
Adult T-Shirt Size Circle One: S M L XL
E-Mail Address _____

Health And Insurance Information

I certify that the applicant is physically able to participate in volleyball camp and has adequate health insurance coverage. I hereby authorize the directors of the camp to act according to their best judgment in any emergency requiring medical attention.

Please note any medical conditions that we should be aware of _____

The name of our insurance company is _____
The number of our policy is _____

Please enclose the appropriate fee with this application. Make checks payable to Lawrence University Volleyball ONLINE REGISTRATION IS ALSO AVAILABLE@LAWRENCE.EDU/ATHLETICS/SUMMER_CAMPS

ASSUMPTION OF RISK and RELEASE OF LIABILITY
THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY

I have applied to participate in the Lawrence University program described as the 2015 Summer Volleyball Camp (“Program”) during the period August 10-13, 2015. I acknowledge that the Program is voluntary and may involve certain risks, including those described below.

I understand that by participating in the Program, I will engage in: strenuous physical activity with other participants, competition, recreational activities and, if applicable, reside in student dormitories and travel off campus. I acknowledge that these activities present certain inherent risks that are beyond Lawrence University’s control.

I choose to participate in the Program understanding its associated risks, and knowingly and voluntarily assume all risks of collision, injury, illness, death or damage to or loss of my property that may occur while engaging in sports, recreation and any other activities arising out of or related to the Program.

I understand that I may discontinue participation at any time in light of the risks.

I hereby forever release Lawrence University, its trustees, officers, employees, and agents (the “Released Parties”), from liability for any negligent act or omission arising from my participation in the Program, including related costs, damages, claims or assertions to which I or my family, estate, or heirs may claim against the Released Parties.

This Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Release or the Program.

Print Full Name of Participant: _____

Participant Signature: _____ Date: _____

Print Full Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____